THE COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

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Stories in Family Medicine
Récits en médecine familiale

Stories in Family Medicine

These stories were collected as part of the Family Medicine in Canada: History and Narrative in Medicine Program, a project of the College of Family Physicians of Canada (CFPC), supported by donations to the Research and Education Foundation by Associated Medical Services (AMS). The program collects stories and historical narrative about family medicine in Canada for a publicly available online database. The AMS–Mimi Divinsky Awards honour the best stories submitted to the database each year. Information about the AMS–Mimi Divinsky Awards is available under "Honours and Awards" on the CFPC website, **www.cfpc.ca**. The Stories in Family Medicine database is available at **www.cfpc.ca/Stories**.

Récits en médecine familiale

Ces récits ont été présentés dans le contexte du programme Histoire et narration en médecine familiale, un projet que poursuit le Collège des médecins de famille du Canada (CMFC), grâce à un don versé à la Fondation pour la recherche et l'éducation par Associated Medical Services Inc. (AMS). Le programme recueille des récits et des narrations historiques au sujet de la médecine familiale au Canada qui sont inclus dans une bas de données en ligne accessible au public. Les Prix AMS–Mimi Divinsky sont décernés aux rédacteurs les meilleurs récits présentés chaque année. Pour en savoir plus sur les Prix AMS–Mimi Divinsky, rendez-vous à la section du Prix et bourses dans le site Web du CMFC à l'adresse **www.cfpc.ca**. La bas de données sur les récits en médecine familiale se trouve à **www.cfpc.ca/Recits**.

Best English story by a family physician

Arctic data streams

Graphing land and love

Courtney Howard MD CCFP(EM)

We were standing around talking about water in the staff room at Inuvik General Hospital when I realized I'd been picturing the ocean emptying into the river. Flushed with "Thank goodness I didn't say that out loud!" med-school-shaming angst, I looked again at the wall-mounted world map, studded with colourful pins denoting the far-flung hometowns of Inuvik's medical learners, and tried to figure out how I'd mentally ended up with a subconscious assumption that the Beaufort Sea flowed south into the Mackenzie River—instead of the other way around. I blame gravity. If you flicked water at a map hanging on a wall it would flow south. How embarrassing—an unexamined, completely backwards thought.

A few minutes later, the locum obstetrician, the one whose dictations still make me laugh when I come across them in old charts in the Yellowknife ER ("I told her no screwing or skidooing for 2 weeks!") breezed through our conversation on her way to the OR and exclaimed "Oh! I thought it ran south. I wonder why. Ha!"

I smiled, wondering how many Canadians operate with gravity-based geography.

I think of this 7 years later as I squeeze past people at the entrance to the meeting hall in Yellowknife and scan for a free seat amidst all the puffs of down jackets. I slot myself into one of the few chairs left and introduce myself to the older Dene man on my right. His hand is warm and dry.

"You're not with the coal people are you?" He raises an eyebrow.

"No. I'm a local doc."

"A what?"

"An emergency medicine doctor. From Yellowknife."

He eyes me. "Good."

We sit in silence. I spot some city councillors, some MLAs, the Chief Officer of Public Health, a friend who works in media. The head family doc in town rushes in looking harried. Everyone is here because they're worried about our water quality following the spill of a coal tailings pond into the Athabasca river, upstream. Having grown up in the anonymity of Vancouver, I'm still unused to being able to pick so many people out of a crowd.

"This spill." My neighbour turns toward me. "This spill is no good. We'll see more like these. I live on the land. I've lived on the land since I was a boy. Last spring, a lake that had been there my whole life poured into the river."

La version en français de cet article se trouve à **www.cfp.ca** dans la table des matières du numéro de **janvier 2016** à la **page e40**.

"Really?"

"Yep. The land that was separating the lake from the river just melted away and the river drank the lake. Global warming. People don't know these things. People who don't trap, who don't travel on the land, don't know these things."

These stories always hit me somewhere close to my solar plexus. "That must have been upsetting."

"Yes. Things are different."

Solastalgia. The word glides through my mind. It's a word I've learned recently, described in studies into the mental health effects of the changing climate on the Inuit. It means feeling homesick while you're still at home. Solastalgia.

He looks sad. "Everything is different. So I've come to hear what they have to say."

"It looks as though a lot of people feel the same way." The room has become so crowded they slide back the partition to expand the space.

Five people sit at the head table: 2 government scientists, 2 aboriginal leaders, and a representative from the coal company. The rep goes first. Young, pleasant. They sent him alone. He describes how they knew that the berm of the coal tailings pond had been breached the evening that it happened, that they had been unable to contain the spill, and that the tailings had traveled the length of a small stream and emptied into the Athabasca. They had done "everything possible" to monitor it, but of course it was freeze-up, which made for difficult conditions.

His company is very concerned. They are a "sustainable coal mining company." Two chairs away from me, a hoot of laughter. Our local Rhodes Scholar covers her mouth quickly, as though surprised the sound had escaped.

Next, the water scientists. Very well respected. They've been following the spill and the turbidity is approaching baseline levels. No problem for the drinking water of the North. The Chief Medical Officer is called upon to speak—he is reassuring. We all nod at the graphs. Raising my daughters as I am on the shores of Great Slave Lake, I am pleased.

Finally, the man who has been sitting in a pool of quiet at the head table rises to speak. He is the leader of the aboriginal group from just downstream from the spill in Alberta. He thanks everyone for their information, nods at the coal company rep, says he respects him as a human for coming. The poor young man from the coal company looks miserable for the first time.

Despite the fact that the leader's eyes are cast down and he seems to breathe in fatigue, something about him makes us lean in. A palpable sense of responsibility, gracefully shouldered. My own breath slows, is almost held, as he speaks.

"They've never been faced with a serious situation like this before. They felt like their man-made dykes wouldn't fail. The provincial government doesn't know what they're doing. The federal government doesn't know what they're doing. This tailings pond was constructed 15 years ago. So it was a new tailings pond that breached. We have thousands of older ponds." He continues, describing how his people still fish on the river, still live traditionally as much as they can. Meanwhile, the accumulating development projects in his area are changing the landscape so much as to make it almost unrecognizable.

He looks up, "We are going to be environmental refugees because of environmental catastrophes occurring on our land."

By now we have tears in our eyes. And one by one, other leaders stand to speak. They are from upstream and downstream, their home communities connecting the dots of my medical life in the North, bringing images from that life to mind. Aklavik—sprawled in the coatroom of the health centre trying to reduce a husky's partly frozen prolapsed uterus as the head nurse strokes her fur. Fort Simpson—on the phone with their nurse, standing at another map, this one in the Yellowknife ER, running a code over the phone, measuring the distance the medevac has to travel against the number of ampules of epinephrine the nurse has left to administer. Fort Good Hope, Fort McPherson. Stories of the land, of time spent outside on sparkly snow, of fish and traplines, of hopes for their children's future on their land. As the leaders speak, my mind's eye wanders up and down the river system. Fort Providence—a Chipewyan-speaking elder is brought in with constipation and gets tired of waiting for the translator. He suddenly bursts out, "No shit!" and raps the table next to his chair, causing the loudest explosion of inappropriate laughter of my career.

Finally, an elder with a long braid stands. He says, "This is the problem. These people have a low spiritual IQ. So when they pollute the water, that's not a problem to them."

We have all heard words like this before, but it is this man's tone that grips me. He is not angry or braying or accusatory. It takes me a second to place the sound, like a tune heard out of context. Finally, I realize—it is the same tone that is used by medical mentors as they try to explain the cultural differences relevant to practising in a given context. When we say things like, "Remember, in the far North, they may say yes by opening their eyes wide. Be ready for that. Do what you can to adjust," we use the same helpful tone as this elder. He is earnestly trying to explain a cultural gap, to create a space for understanding.

I have never been in a room where I am part of the cultural group that is being explained.

He continues, "We who know the land, we have a responsibility to ensure that they look at the land more spiritually."

He presents no graphs.

Spirituality. Turbidity. Solastalgia.

Stories. I have recently realized that although MDs think that we make decisions based on evidence, much more often we change our practice based on the story relayed along with the evidence—based on the efficacy of an epinephrine drip in a code run over the phone and the success of polyethylene glycol in a single, extremely constipated Chipewyan elder. We respect numbers but, for better or for worse, we follow stories.

Such a big map. On such a vast map, the few lines mean a lot. Up here, in a land of few roads, those lines are our waterways. Those lines connect us; those lines make a community of our little pockets. Up here, with fewer people, we have time to hear people, to be named. We know who is in the room; we know what resources we have; we know better when we may need to stand up. In a way, as we are named, we are called.

As I shuffle out, nodding at my neighbours and winding my scarf back around my neck, I spot a lapel pin, frequently seen in these parts, that says, "Love the land."

It has been here the whole time.

I step into a crystalline night considering the potential of love as an ally to my graphs. And I wonder whether I will soon realize that other parts of the world have been flowing backwards on my mental map.

Dr Howard is an emergency physician in Yellowknife, NWT, and a board member for the Canadian Association of Physicians for the Environment.

Best story by a resident

The dance

Jessica Ladouceur MD CCFP

Mrs J. is a middle-aged woman. She has been feeling down for some time and is ready to do something about it. She is obviously anxious as we begin our discussion. I imagine that she is wondering where the "real" doctor is. I think about how I can make her feel comfortable and safe to share her story with me. I ask her about her work, which she is devoted to, and as we begin to build rapport we move from the superficial to more serious issues. I am aware of my body language, my posture, and my eye contact as I try to convey my openness and create a safe space.

We explore her current mood, her feelings of inadequacy, guilt, hopelessness. We talk about the fact that she no longer enjoys anything, that she can't sleep, and that she doesn't have the energy to get out of bed. I recognize that I have somehow managed to do it, to make her feel comfortable. There is no more hesitancy; she is letting her story flow out. She cries and I offer her Kleenex and reassurance. I am elated that I have managed to bring the interview to this point.

Suddenly, I too feel despair. I realize that she reminds me very much of my aunt, that I am feeling overwhelmed by these things that she describes as we are talking. I recognize that her situation is close to home and take a moment to pull myself back. I try to be self-aware, and I remind myself that she is not my aunt and that I am in a much better position to help if I can remember that. I think about my role in this situation and my responsibilities as a professional.

The conversation continues. She tells me things that very few people know. She talks of painful things like physical, sexual, and verbal abuse. She tells me about an ex-husband that used to hit her children, so she sent them away. She tells me that her relationship with her children could not be repaired after that, but that she is now in a relationship with a man that cares very much about her and treats her well. I quickly think of the social determinants of health and the series of events and circumstances that placed her in that situation. We talk about some of them.

The conversation comes to a close. She is relieved to get it all off her chest. She is hopeful about treatment and the future. I am amazed at this dance that we have just engaged in, at the smoothness of the interview. Her "real" doctor comes in to confirm the management plan that we've negotiated.

At her 2 weeks' follow-up, Mrs J. requests to see me specifically, and this time there is no build of momentum; we have a relationship. I am honoured, and I am left in awe and amazement at this new type of relationship that I have forged—the doctor-patient one.

Dr Ladouceur is in her first year of practice in Belleville, Ont.

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